

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLP/E. CLASSIFIER			
FORMALITY REVIEW	SP	JT-8X6	01-16-02
RESPONSE FORMALITY REVIEW	SP SK SK	8X6 8X6	02-15-02 02-14-02

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	N	No-elected
<input type="checkbox"/>	Allowed	I	Interference
<input type="checkbox"/>	(Through normal)... Cancelled	A	Appeal
<input type="checkbox"/>	Restricted	O	Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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